Schedule E)			PAGE 1 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	rt New re	eport Amends repor	t filed on
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination
Mailing Address 7214 Duchamp Dr			07 07 2014  Amount
City	State	Zip Code	20.00
Charlotte	NC	23215	Transaction ID : 5da529df-7ee7-4b39-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 07 / Y 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		148920.16	Disbursement For:
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination  07  07  07  07  07
Mailing Address 7214 Duchamp Dr			Amount 2014
City	State	Zip Code	4.80
Charlotte	NC	23215	Transaction ID : bf6b1fc4-2e62-45b5-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		148920.16	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		24.80
(b) SUBTOTAL of Unitemized Independent Ex	rpenditures		<b>•</b>
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	andidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electro	onically Filed] Date	07 09 2014
Signature		J J Date	

Schedule E)		LXI EIID			PAGE 2 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In					FEC IDENTIFICATION NUMBER ▼
Women Speak Out	PAC				C C00530766
Check if 24-hour report	X 48-hour report	New repo	ort Amends repo	ort filed on	- M / D = D / Y = Y = Y
	40-flour report	New Teb	ort America repo	ort filled off	
Full Name of Payee Belinda Blake					of Public Distribution/Dissemination
Mailing Address 7214 De	uchamp Dr.			Amou	nt
City		State	Zip Code	— I.	50.00
Char		NC	28215		saction ID: a18614e8-8d1d-4822-a of Disbursement or Obligation
Purpose of Expenditure Salary			Category/ Type 001		07 07 / 2014
Name of Federal Candid	ate		Support	Office Sough	it: House District: 00
Ms. Kay Hagan			X Oppose	Preside	ent State: NC
Calendar Year-To-Da Per Election for Offi		, 1	48920.16	Disbursemen 2014	nt For:
Full Name of Payee Belinda Blake		-			of Public Distribution/Dissemination
Mailing Address 7214	Dorah a san Da				07 07 2014
7214	Duchamp Dr.			Amou	ınt
City		State	Zip Code		9.30
Char		NC	28215	Transa Date	action ID: 5353c0d5-4748-413e-b of Disbursement or Obligation
Purpose of Expenditure Mileage			Category/ Type 002		07 / 07 / 2014
Name of Federal Candid	ate		Support	Office Sough	nt: House District: 00
Ms. Kay Hagan			Oppose	Presid	ent State: NC State:
Calendar Year-To-Da Per Election for Offi		7	148920.16	Disbursemer 2014	nt For: Primary
(a) SUBTOTAL of Itemize	d Independent Expenditure	es			59.30
(b) SUBTOTAL of Unitem	ized Independent Expendit	tures		·· •	
(c) TOTAL Independent E	expenditures			· -	
	suggestion of, any candida	ate or authorized			cooperation, consultation, or concert the reporting entity is not a political
Ms. Emily Buc	hanan	[Electron	ically Filed] Date	e 07	09 2014
Signature			_		

Sch	edule E)		101120		PAGE FOR S	3 OF 55 E OF FORM 24/48
	E OF COMMITTEE (In Full)					CATION NUMBER ▼
Wo	omen Speak Out PAC				C C00530	
Chec	ck if 24-hour report X 48-hour report Ne		ort Amends repo	rt filed on	M = M / D = D	/ Y = Y = Y = Y
		.w Topo	America repor	Tt flica off		
	Full Name of Payee Amanda Boley			Da	te of Public Distrib	
N	Mailing Address Split Oak Drive			Ar	nount	
	Dity State		Zip Code	— r		55.00
- 1	charlotte NC		28227		ansaction ID : 2b94 te of Disbursement	
	Purpose of Expenditure Salary		Category/ Type 001		07 / 07	
1	Name of Federal Candidate		Support	Office Sc	ught: Hous	e District: 00
	Ms. Mary L Landrieu		X Oppose	Pre	sident X Sena	
	Calendar Year-To-Date Per Election for Office Sought		50318.86	Disburser 2014	nent For:	mary X General
	Full Name of Payee			D	ate of Public Distrib	ution/Dissemination
Т	Amanda Boley				07 / D 07	2014
	Mailing Address Split Oak Drive				نا لنا	
Т				A	nount	
(	City State		Zip Code			23.70
	charlotte NC		28227	Tra Da	nsaction ID : de8cate of Disbursement	<b>43c0-2816-44aa-9</b> t or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		07 / 07	2014
	Name of Federal Candidate		Support	Office So	ught: Hous	e District: 00
	Ms. Mary L Landrieu		X Oppose	Pre	esident Sena	te State: LA
	Calendar Year-To-Date Per Election for Office Sought		50318.86	Disburse 2014	ment For: Pri  Other (specify) ▶	mary X General
(a	substotal of Itemized Independent Expenditures			<b>&gt;</b> _	7	78.70
(b	substotal of Unitemized Independent Expenditures			•		4
(с	TOTAL Independent Expenditures			•	4	4
wi	nder penalty of perjury I certify that the independent expend th, or at the request or suggestion of, any candidate or auth- arty committee) any political party committee or its agent.					
	Ms. Emily Buchanan	lectroni	ically Filed] Date	07	/ D D / Y	2014
	Signature		_			

Schedule E)	LINI LAFLINI	DITORES	PAGE 4 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	eport Amends repo	ort filed on
Full Name of Payee Ralphie Lockhart			Date of Public Distribution/Dissemination
Mailing Address 6310 Col Glenn Rd			07 07 2014 Amount
City	State	Zip Code	20.00
Little Rock	AR	72204	Transaction ID : fc829575-2639-4524-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		15099.58	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Ralphie Lockhart			07 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6310 Col Glenn Rd			Amount
City	State	Zip Code	3.00
Little Rock Purpose of Expenditure	AR	72204	Transaction ID: 0a6f976f-1bd1-40c1-a Date of Disbursement or Obligation
Mileage		Category/ Type 002	07 7 07 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		15099.58	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
•			
(a) SUBTOTAL of Itemized Independent Expen	ditures		23.00
(b) SUBTOTAL of Unitemized Independent Exp	enditures		<b>•</b>
(c) TOTAL Independent Expenditures			
	ndidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 09 / 2014
J.g. 15151			

Schedule E)	DENT EXTEND	HONES	PAGE 5 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	rt filed on
Full Name of Payee Jessica Habakjian			Date of Public Distribution/Dissemination
Mailing Address 4193 W. Lang St			07 07 2014  Amount
City	Ctoto	7in Codo	20.00
City Farmville	State NC	Zip Code 27828	20.00  Transaction ID : 4870d5f6-c6da-4e53-8  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 07 7 2014 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	148920.16	Disbursement For:  Primary  General 2014  General Other (specify) ▶
Full Name of Payee Jessica Habakjian			Date of Public Distribution/Dissemination
Mailing Address 4193 W. Lang St			07 07 2014
			Amount
City	State	Zip Code	3.30
Farmville Purpose of Expenditure	NC	27828	Transaction ID: fb54eff5-4cd9-47ee-a Date of Disbursement or Obligation
Mileage		Category/ Type 002	07 / 07 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		148920.16	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		23.30
(b) SUBTOTAL of Unitemized Independent Ex	penditures		
(.,	,		45 45 45
(c) TOTAL Independent Expenditures			· • • • • • • • • • • • • • • • • • • •
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 09 2014
Signaturo			

Schedule E)	1 6/41 614.5			PAGE 6 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	M / D = D / Y = Y = Y
	<u> </u>			D. 17. Division in the second section
Full Name of Payee Lily Green			Date of	
Mailing Address 205 Medallion Circle			Amount	
City	State	Zip Code		60.00
Shreveport	LA	71119		ction ID: 63c15084-2b3d-460c-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 0	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought		50318.86	Disbursement F 2014 Other	For: Primary X General er (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
Lily Green			0	
Mailing Address 205 Medallion Circle			Amount	
City	State	Zip Code		20.10
Shreveport	LA	71119	Transact Date of	iion ID : b45df635-8520-4bb1-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought	, ,	50318.86	Disbursement I 2014 Oth	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	9S			80.10
			, <u> </u>	7 1 7 1 7 1
(b) SUBTOTAL of Unitemized Independent Expendit	ures		· •	4 4
(c) TOTAL Independent Expenditures			·	7 1 7 1 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		09 2014
Signature		_		

Schedule E)		1101120		PAGE 7 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
				<b>G</b> 33333773
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee			Date o	f Public Distribution/Dissemination
Steven Best				07 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 103 Washington Ave			Amoun	t
City	State	Zip Code		43.00
Newport	NC	28570		ction ID : d1fa1756-40b3-4ac3-b f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	07 07 2014
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Kay Hagan		X Oppose	Preside	NO
Calendar Year-To-Date Per Election for Office Sought	, 1	148920.16	Disbursement 2014 Ott	For: Primary
Full Name of Payee			Date o	f Public Distribution/Dissemination
Steven Best				07 07 2014
Mailing Address 103 Washington Ave				سندا لنا ل
			Amour	ıt
City	State	Zip Code		7.47
Newport	NC	28570	Transac Date o	ction ID : cb540cfa-4f0a-4968-8 f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	07
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Kay Hagan		Oppose	Preside	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	148920.16	Disbursement 2014 Ot	For: Primary
-				
(a) SUBTOTAL of Itemized Independent Expenditure:	S		· •	50.47
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		. •	1 42 1 42 1 42
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan	[Electron	cically Filed] Date	M M / / 07	09 2014
Signature				

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 8 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Caleb Craig			07 07 / V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1410 Bushville drive			Amount
City	State	Zip Code	60.00
Lenoir	NC	28645	Transaction ID : d14bc713-0850-41cc-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 07 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	148920.16	Disbursement For:  Primary  General  Q014  Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Caleb Craig			07 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1410 Bushville drive			Amount
City	State	Zip Code	18.00
Lenoir	NC	28645	Transaction ID: e2277441-04fc-4eed-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 07 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		148920.16	Disbursement For:  Primary  General 2014  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		78.00
			7- 7- 7-
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			· · · · · · · · · · · · · · · · · · ·
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S.g. accio			

Schedule E)	PAGE 9 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report New report Amends report	filed on
Full Name of Payee David Ford	Date of Public Distribution/Dissemination
Mailing Address 106 Hillside St	07 07 2014 Amount
Cit.: State Zin Code	47.50
City State Zip Code Spindale NC 28160	47.50  Transaction ID: b83590de-1c94-44e9-8  Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	Date of Disbursement of Obligation  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calcinaal loal to Date	Disbursement For:  Primary
Full Name of Payee David Ford	Date of Public Distribution/Dissemination
Mailing Address 106 Hillside St	07 07 2014  Amount
City State Zip Code	6.63
Spindale NC 28160	Transaction ID : db01bba5-be2c-4721-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	07 / 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
	Disbursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	54.13
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	<b>•</b>
Under penalty of perjury I certify that the independent expenditures reported herein were newith, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	07 09 2014
Signature	

Schedule E)	LIVI EXI EIVE	THORIES	PAGE 10 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Solveig Lysne			07 D D 7 2014
Mailing Address 7121 Oyster Lane			Amount
City	State	Zip Code	55.30
Wilmington	NC	28411	Transaction ID : feace9ec-2a8a-4580-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	148920.16	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Solveig Lysne			07 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7121 Oyster Lane			Amount
City	State	Zip Code	6.72
Wilmington	NC	28411	Transaction ID: 69481e82-5060-49e9-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		148920.16	Disbursement For:  Primary  General  2014  General
(a) SUBTOTAL of Itemized Independent Expen	ditures		62.02
(b) SUBTOTAL of Unitemized Independent Exp	enditures		·
(c) TOTAL Independent Expenditures			·
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>3</b>			

Schedule E)	VI EXI END	HONES		PAGE 11 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Donald Dessauer			M M /	07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1804 Auburn Ave			Amount	
City	State	Zip Code		25.00
Metaire	LA	70003		D: 521773b7-01a0-4f78-9 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07	07 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	<u> </u>
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	50318.86	Disbursement For: 2014 Other (specific	Primary X General ecify) ▶
Full Name of Payee			Date of Public	Distribution/Dissemination
Donald Dessauer			07	07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1804 Auburn Ave			Amount	
City	State	Zip Code		0.30
Metaire	LA	70003		: d7310416-6aad-4ee0-a rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 07	07 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	<u>, , , , , , , , , , , , , , , , , , , </u>	50318.86	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditure	res		. •	25.30
			7	
(b) SUBTOTAL of Unitemized Independent Expend	itures		•	7
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 09	2014

Schedule E)	. OI MOEI ENDEN		TONEO		PAGE 12 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In					FEC IDENTIFICATION NUMBER ▼
Women Speak Ou	t PAC				C C00530766
Check if 24-hour report	X 48-hour report	New rep	ort Amends rep	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee				Date	C. D. Island Distribution / Discounies at least
Ms. Ashlen San				Date	of Public Distribution/Dissemination  07
Mailing Address 204 Ra	inger Place			Amo	punt
City		State	Zip Code		17.50
Slidell		LA	70115		saction ID : 59c73be6-313a-4057-a e of Disbursement or Obligation
Purpose of Expenditure Salary			Category/ Type 001		M M 7 07 7 2014
Name of Federal Candid	date		Support	Office Soug	ght: House District: 00
Ms. Mary L Landrieu			Oppose	Presi	
Calendar Year-To-D Per Election for Off	****	, ,	50318.86	Disburseme 2014	ent For:
Full Name of Payee				Date	e of Public Distribution/Dissemination
Jeremy Hollar					07 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 121	Meadowview Drive			Amo	
City		State	Zip Code		60.00
Boone		NC	28607	Trans	saction ID : 50fb3b4b-9704-4a98-b e of Disbursement or Obligation
Purpose of Expenditure Salary			Category/ Type 001		M 07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candi	date		Support	Office Soug	ght: House District: 00
Ms. Kay Hagan			X Oppose	Presi	,
Calendar Year-To-D Per Election for Of		7	148920.16	Disburseme 2014	ent For:  Primary
(a) SUBTOTAL of Itemiz	ed Independent Expenditur	es		•	77.50
(b) SUBTOTAL of Uniter	nized Independent Expend	itures			
				· L	7 7
(c) TOTAL Independent	Expenditures			··· •	7 7 7
with, or at the request or		ate or authorized			cooperation, consultation, or concert f the reporting entity is not a political
Ms. Emily Bu	chanan	[Electron	ically Filed] Dat	te 07	09 / 2014
Signature			_		

Schedule E)	EXI EIID	101120		PAGE 13 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Ohaali 15 OA hawa warant V 40 hawa warant	V Nam raa	Amanda yan	aut filad an	M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report	X New repo	ort Amends rep	ort filed on	
Full Name of Payee Jeremy Hollar				of Public Distribution/Dissemination
Mailing Address 121 Meadowview Drive			Amo	
City S	state	Zip Code		18.00
·	NC	28607		saction ID : db636f4d-388a-41fe-a of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		07 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Ms. Kay Hagan		X Oppose	Presid	NO.
Calendar Year-To-Date Per Election for Office Sought	. 1	48920.16	Disburseme 2014	nt For:
Full Name of Payee Ms. Chassidy Menard			Date	of Public Distribution/Dissemination
Mailing Address 515 Walter Dr.			Amo	unt
City	State	Zip Code		54.00
	LA	70507	Trans Date	e of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		M 07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Ms. Mary L Landrieu		X Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought		50318.86	Disburseme 2014	ent For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures				72.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·s			
			, <u> </u>	7 7 7
(c) TOTAL Independent Expenditures			··· •	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized			
Ms. Emily Buchanan	[Electroni	ically Filed] Dat	e 07	09 2014
Signature				

Schedule E)	VI EXI END	TIONES	_	PAGE 14 OF 55 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEI	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public D	Distribution/Dissemination
Mr. Alex Peyton			07	07 / 2014
Mailing Address 859 Hicks Rd			Amount	
City	State	Zip Code		30.00
Washington	LA	70589		: fca9a14a-76cd-45ea-a ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 /	07 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	50318.86	Disbursement For:  2014  Other (spec	Primary
Full Name of Payee			Date of Public D	Distribution/Dissemination
Mr. Alex Peyton			07 /	07 / 2014
Mailing Address 859 Hicks Rd			Amount	
City	State	Zip Code		24.00
Washington	LA	70589		baeb6833-6445-41a2-9 ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M /	07 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	50318.86	Disbursement For: 2014 Other (spec	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditu	res			54.00
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			7	4
(b) SUBTOTAL of Unitemized Independent Expendent	litures		<b>&gt;</b>	
(c) TOTAL Independent Expenditures			<b>•</b>	1.7.1.2.1
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 09	2014
<del>-</del>				

Schedule E)	01	itti Exi End	1101120		PAGE 15 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE					FEC IDENTIFICATION NUMBER ▼
Women Speak O	ut PAC				C C00530766
				М	"M / D D / Y Y Y Y
Check if 24-hour rep	ort X 48-hour report	X New rep	port Amends repo	ort filed on	
Full Name of Payee Steven Jean					of Public Distribution/Dissemination
Mailing Address 2012	A Harrison Ava			IVI	07 07 2014
2012	2 Harrison Ave			Amou	nt
City		State	Zip Code		20.00
Winston Salem		NC	27105		action ID: 9cc6aa01-a871-4f19-9 of Disbursement or Obligation
Purpose of Expenditu Salary	re		Category/ Type 001	M	07 07 / 2014
Name of Federal Can	didate		Support	Office Sough	t: House District:00
Ms. Kay Hagan			X Oppose	Preside	ent Senate State: NC
Calendar Year-To Per Election for		· · · · · ·	148920.16	Disbursemen 2014 O	t For: Primary ⊠ General ther (specify) ▶
Full Name of Payee				Date	of Public Distribution/Dissemination
Brian Saltzler				TN	07 07 2014
Mailing Address 60	11 S College Road			A mo	للنبا لنا لن
				Amou	
City		State	Zip Code		57.50
Wilmington		NC	28403	Transa Date	of Disbursement or Obligation
Purpose of Expenditu Salary	re		Category/ Type 001	N	07 / 07 / 2014
Name of Federal Car	didate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan			X Oppose	Preside	ent Senate State: NC
Calendar Year-To Per Election for		, ,	148920.16	Disbursemen 2014	nt For:
(a) SUBTOTAL of Item	nized Independent Expendit	ures		•	77.50
(b) SUBTOTAL of Unit	temized Independent Expen	ditures			7 1 7 1 7 1
(c) TOTAL Independer	nt Expenditures			· •	7
with, or at the request		idate or authorize			cooperation, consultation, or concert the reporting entity is not a political
Ms. Emily	Buchanan	[Electron	nically Filed] Date	e 07	09 2014
Signature					

Schedule E)	EITT EXTERT	71101120	PAGE 16 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Brian Saltzler			07 07 2014
Mailing Address 601 S College Road			Amount
City	State	Zip Code	3.90
Wilmington	NC	28403	Transaction ID : aa67781e-d702-4406-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 07 7 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		148920.16	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Donna Barrette			07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 724 Harris Avenue			Amount
City	State	Zip Code	30.00
Harahan	LA	70123	Transaction ID: 978fdc26-2ea2-40a7-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / 07 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought		50318.86	Disbursement For:  Primary  General   2014  General   Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		33.90
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			7 7
(b) SUBTOTAL of Unitemized Independent Expe	enditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			·
	didate or authorize		not made in cooperation, consultation, or concert feither, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Sch	nedule E)	-/\(\ \begin{align*}					PAGE 17 OF 55 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC						C00530766
Chec	ck if 24-hour report X 48-hour report	X New repo	ort Am	nends repo	ort filed on	M = M /	/ D = D / Y = Y = Y
	Full Name of Payee  Donna Barrette				Date	e of Public	c Distribution/Dissemination  7 07 2014
	Mailing Address 724 Harris Avenue				Amo	ount	
	City Sta	tate	Zip Code				0.90
L		LA	70123				ID: 9c1f1538-3eb3-4616-b ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type			M M 07	07 2014
Ī	Name of Federal Candidate		<u>'                                    </u>	Support	Office Sou	aht:	House District:00
	Ms. Mary L Landrieu			Oppose		_	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		50318.86		Disbursem 2014	ent For: Other (sp	Primary
	Full Name of Payee				Dat	e of Publi	c Distribution/Dissemination
	Tammay Williams					07	07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 924 N. Prieur St						
					Am	ount	
	City Sta	tate	Zip Code				40.00
		LA	70116		<b>Tran</b> Dat	saction II e of Disbu	D: 644f46d0-123b-4cfb-a ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type			07	07 2014
	Name of Federal Candidate			Support	Office Sou	ght:	House District:00
	Ms. Mary L Landrieu			Oppose	Pres	ident	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		50318.8	6	Disbursem 2014	ent For: Other (sp	Primary X General Decify) ▶
(a	a) SUBTOTAL of Itemized Independent Expenditures				· • _	-	40.90
(t	b) SUBTOTAL of Unitemized Independent Expenditures	÷			•	7	1 1 2 1 1 2
(0	c) TOTAL Independent Expenditures				•		
W	Inder penalty of perjury I certify that the independent e rith, or at the request or suggestion of, any candidate o arty committee) any political party committee or its ager	or authorized					
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	M M M M M M M M M M M M M M M M M M M	/ 09	/ Y Y Y Y Y 2014
	Signature		_				

Schedule E)	12. 011. 01 11.02.	ENDENT EXICE	101120		PAGE 18 OF 55 FOR SE OF FORM 24/48
NAME OF COMM					FEC IDENTIFICATION NUMBER ▼
Women Spe	eak Out PAC				C C00530766
0	. 🗸 🔊		. 🗆 🐧		-M / D D / Y Y Y Y
	our report X 48-hour	report New repo	ort Amends repo	ort filed on	
Full Name of Tammay	<sub>Payee</sub> Williams			M	f Public Distribution/Dissemination
Mailing Addres	924 N. Prieur St			Amour	nt
City		State	Zip Code		10.20
New Orleans		LA	70116		action ID: 533d0d6b-bcf7-4612-9 f Disbursement or Obligation
Purpose of Ex Mileage	penditure		Category/ Type 002		07 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Fede	eral Candidate		Support	Office Sought	: House District:00
Ms. Mary L La	andrieu		X Oppose	Preside	
	Year-To-Date ion for Office Sought	7	50318.86	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of				Date of	of Public Distribution/Dissemination
Branson (	Cambre				07 07 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Addres	SS 117 Middleburg Dr.				للنبا لنا لن
				Amour	nt
City		State	Zip Code		60.00
Lafayette		LA	70508	Transa Date o	ction ID : 5d3478c7-7402-4e43-a of Disbursement or Obligation
Purpose of Ex Salary	cpenditure		Category/ Type 001	М	07 / 07 / 2014
Name of Fede	eral Candidate		Support	Office Sough	t: House District:00
Ms. Mary L La	andrieu		X Oppose	Preside	ent Senate State: LA
	Year-To-Date tion for Office Sought		50318.86	Disbursement 2014 Of	t For:
(a) SUBTOTAL	of Itemized Independent	Expenditures		•	70.20
(b) SUBTOTAL	. of Unitemized Independe	ent Expenditures		•	
(c) TOTAL Inde	ependent Expenditures			•	7
with, or at the		any candidate or authorized			poperation, consultation, or concert the reporting entity is not a political
<i>M</i> .	s. Emily Buchanan	[Electroni	ically Filed] Date	9 07	09
Signature					

Sc	hedule E)	-/(I = (	101123				PAGE 19 OF 55 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	ENTIFICATION NUMBER ▼
W	omen Speak Out PAC						C00530766
Che	eck if 24-hour report X 48-hour report	X New repo	ort Amen	ds repo	rt filed on	= M /	D = D / Y = Y = Y
Т	Full Name of Payee				Date	of Public	: Distribution/Dissemination
	Branson Cambre					07 /	07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 117 Middleburg Dr.				Amou	nt	
ŀ	City St	tate	Zip Code		— I L.		18.24
		LA	70508				D: 60faf8b9-c4f9-4e39-a rsement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		07 /	07 / 2014
ı	Name of Federal Candidate		Sup	oport	Office Sough	t:	House District: 00
	Ms. Mary L Landrieu			pose	Preside	_	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		50318.86	]_	Disbursement 2014 O	t For: ther (sp	Primary ☐ General ecify) ►
ſ	Full Name of Payee				Date	of Public	Distribution/Dissemination
	Zachary Vidrine				_ N	07 /	07 / 2014
	Mailing Address 202 Rue Des Cajun				Amou		
-	City St	State	Zip Code				30.00
	•	LA	70586		Transa	ction ID	30.00 D: 035365c6-c26b-494e-b ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		07 /	07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ŀ	Name of Federal Candidate		Sur	pport	Office Sough	ıt:	House District: 00
	Ms. Mary L Landrieu		Opp		Presid	_	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		50318.86		Disbursemer 2014 C	it For: other (sp	Primary
(	a) SUBTOTAL of Itemized Independent Expenditures						48.24
•					, <u>-</u>	7	
(	b) SUBTOTAL of Unitemized Independent Expenditures	3			•	-	
(	c) TOTAL Independent Expenditures				· [		
W	Under penalty of perjury I certify that the independent exith, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized					
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	07 /	09	2014
	Signature		_ `	Dato		- ;	

Schedule E)	IN EXILIN	STICILO	PAGE 20 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Zachary Vidrine			07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 202 Rue Des Cajun			Amount
City	State	Zip Code	10.50
Ville Platte	LA	70586	Transaction ID: 8be824ca-c820-4ff2-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		50318.86	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Petrina Williams			07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3007 Darden Rd			Amount
City	State	Zip Code	60.00
Greensboro	NC	27407	Transaction ID: 4b91b1eb-99a4-4d8b-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / D 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		148920.16	Disbursement For:  Primary  General  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		70.50
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		· •
(c) TOTAL Independent Expenditures			•
	lidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signaturo			

Schedule E)		DEITI EX. E.L.	1101120		PAGE 21 OF 55 FOR SE OF FORM 24/48
NAME OF COMM	,			1	FEC IDENTIFICATION NUMBER ▼
Women Spe	eak Out PAC				C C00530766
Check if 24-h	our report X 48-hour repo	rt New rep	port Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Petrina V	Payee Villiams			M	f Public Distribution/Dissemination
Mailing Addres	SS 3007 Darden Rd			Amoun	07 07 2014
City		State	Zip Code		12.60
Greensboro		NC	27407		action ID: 737f9688-ef58-4326-a  f Disbursement or Obligation
Purpose of Ex Mileage	penditure		Category/ Type 002	М	07
Name of Fede	eral Candidate		Support	Office Sought	: House District: 00
Ms. Kay Haga	ın		Oppose	Preside	NO.
	Year-To-Date ion for Office Sought		148920.16	Disbursement 2014 Ott	For: Primary X General her (specify) ▶
Full Name of Felice Bar				M	of Public Distribution/Dissemination
Mailing Addre	SS 1588 Asbury			Amour	للنبا لنا لن
City		State	Zip Code	$  $ $\Gamma$	80.00
Springdale		AR	72762	Transac Date o	ction ID : c915e23f-fe04-454d-a of Disbursement or Obligation
Purpose of Ex Salary	rpenditure		Category/ Type 001		07 / 07 / 2014
Name of Fede	eral Candidate		Support	Office Sought	t: House District:00
Mr. Mark L Pr	yor		Oppose	Preside	ent Senate State: AR
	Year-To-Date tion for Office Sought		15099.58	Disbursement 2014 Ot	t For: Primary X General ther (specify) ▶
(a) SUBTOTAL	. of Itemized Independent Expe	enditures		· •	92.60
(b) SUBTOTAL	. of Unitemized Independent Ex	xpenditures		. •	7 1 7 1 7
(c) TOTAL Inde	ependent Expenditures			·· •	
with, or at the		candidate or authorized			coperation, consultation, or concert he reporting entity is not a political
	s. Emily Buchanan	[Electron	nically Filed] Date	e 07 /	09 2014
Signature					

Schedule E)	EXI END	HOHLO		PAGE 22 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends re	eport filed o	n M = M / D = D / Y = Y = Y = Y
Full Name of Payee Felice Barrett				Date of Public Distribution/Dissemination
Mailing Address 1588 Asbury				07 07 2014 Amount
City	State	Zip Code		14.64
Springdale	AR	72762		Transaction ID : e1d852c7-55df-4ffc-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 00	02	07 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office :	Sought: House District: 00
Mr. Mark L Pryor		X Oppose		President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, ,	15099.58	Disburs 2014	ement For: Primary General  Other (specify) ▶
Full Name of Payee				Date of Public Distribution/Dissemination
Sharon Lloyd				07 07 2014
Mailing Address 4301 Lankford				Amount
City	State	Zip Code		80.00
Springdale	AR	72762	Т	ransaction ID : 46d80e8c-33d4-4f98-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 00	)1	07 07 7 2014
Name of Federal Candidate		Support	Office	Sought: House District: 00
Mr. Mark L Pryor		X Oppose		President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, ,	15099.58	Disburs 2014	sement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	3			94.64
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres			
			,	4 4
(c) TOTAL Independent Expenditures			······ <b>&gt;</b>	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electron	nically Filed]	ate 07	09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			_	

Sc	hedule E)	A =	101120				PAGE 23 OF 55 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	ENTIFICATION NUMBER ▼
W	omen Speak Out PAC					C	C00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort Amen	nds repo	rt filed on	- M /	D = D / Y = Y = Y
T	Full Name of Payee Sharon Lloyd					_ M /	c Distribution/Dissemination
ŀ	Mailing Address 4301 Lankford				Amou	07 nt	07 2014
ŀ	City Stat	·ta	Zip Code				2.04
	Springdale AF		72762				D: 44960b9b-b4ea-4bd4-b rsement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		07 /	07 / 2014
ľ	Name of Federal Candidate		Sur	pport	Office Sough	t:	House District: 00
	Mr. Mark L Pryor			pose	Preside	_	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		15099.58		Disbursement 2014 O	t For: ther (sp	Primary
	Full Name of Payee Larry Freeman					of Public	Distribution/Dissemination 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 11214 Mesa drive				Amou	nt	
ľ	City State	te	Zip Code				45.00
-	Little rock AF  Purpose of Expenditure	₹	72211		Transa Date	ction ID of Disbu	0: 9eab2d15-0aa5-42b4-b prsement or Obligation
	Salary		Category/ Type	001		07 <sup>M</sup>	07 / 2014
ľ	Name of Federal Candidate		Su	ipport	Office Sough	t:	House District:00
	Mr. Mark L Pryor		∑ Op	pose	Presid	,	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		15099.58		Disbursemer 2014	t For: ther (sp	Primary X General ecify) ▶
(	(a) SUBTOTAL of Itemized Independent Expenditures				•	1 1	47.04
(	(b) SUBTOTAL of Unitemized Independent Expenditures				· [		7 1 2
(	(c) TOTAL Independent Expenditures				<b>.</b>	1 3	
٧	Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	07 /	09	2014
	Signature						

		FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
vvor	men Speak Out PAC	C C00530766
Check	if 24-hour report X 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
	II Name of Payee	Date of Public Distribution/Dissemination
	Matt Gleb	07 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ma	ailing Address 3815 Robin Road	Amount
Cit	ty State Zip Code	43.00
	yden NC 28513	Transaction ID: 79aef85c-8eb4-40fc-a Date of Disbursement or Obligation
	rpose of Expenditure Category/ Type 001	07 07 2014
Na	me of Federal Candidate Support Office	e Sought: House District: 00
M	s. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbute 2014	ursement For: Primary
F.,	III Name of Payer	
	III Name of Payee Matt Gleb	Date of Public Distribution/Dissemination  07 07 2014
Ma	ailing Address 3815 Robin Road	Amount
Cit	ty State Zip Code	22.50
	yden NC 28513	Transaction ID : dee78c73-8c56-49f8-8 Date of Disbursement or Obligation
	irpose of Expenditure lileage  Category/ Type  002	07 07 2014
Na	ame of Federal Candidate Support Offic	e Sought: House District: 00
М	s. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For:
(a)	SUBTOTAL of Itemized Independent Expenditures	65.50
(b)	SUBTOTAL of Unitemized Independent Expenditures	
(c)	TOTAL Independent Expenditures	
with	ler penalty of perjury I certify that the independent expenditures reported herein were not m, or at the request or suggestion of, any candidate or authorized committee or agent of either y committee) any political party committee or its agent.	
	Ms. Emily Buchanan  [Electronically Filed] Date	09 2014
	Signature	

PAGE

OF

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Schedule E)	. LINDITOTILO	PAGE 25 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report file	d on Man / Dad / Yayayay
Full Name of Payee Kacie Gleb		Date of Public Distribution/Dissemination
Mailing Address 3815 Robin Road		07 7 2014
35.12.1.12.1.1		Amount
City State		13.00
Ayden NC	28513	Transaction ID: 6842a723-4b9d-4664-b  Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 / 07 / 2014
Name of Federal Candidate	Support Office	ce Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	148920.16 Dist	oursement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Casey Stockton		07 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 105 South Dale St		Amount
City State	z Zip Code	40.00
Spruce Pine NC	28777	Transaction ID : e1f48c1a-21ba-41cf-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Offi	ce Sought: House District: 00
Ms. Kay Hagan	∑ Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	148920.16 Dist	bursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures		52.00
(a) SOBTOTAL OF REINIZED INDEPENDENT Experiorities	•	53.00
(b) SUBTOTAL of Unitemized Independent Expenditures	····	
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.		
	[Electronically Filed] Date	07 09 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	_	

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Casey Stockton	07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 105 South Dale St	Amount
City State Zip Code	11.10
Spruce Pine NC 28777	Transaction ID : 1e064e81-e685-4424-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  O02	07 07 Y 2014
Name of Federal Candidate Support Office	e Sought: House District:00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbut	ursement For: Primary
Full Name of Payee	
Francesca Blom	Date of Public Distribution/Dissemination  O7 07 2014
Mailing Address 101 Asbury Ct	Amount
City State Zip Code	70.00
Winchester VA 22602	Transaction ID : 7a285d84-94cd-4f40-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	07 07 2014
Name of Federal Candidate Support Offic	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	81.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m. with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	09 2014
Signature	

PAGE

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OF

55

Schedule E)	DENT EXI END	DITOTIES	PAGE 27 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jennifer Susky			07 07 / 2014
Mailing Address 1117 Shadow Lane			Amount
City	State	Zip Code	15.00
Benton	AR	72015	Transaction ID: 458d6da0-ccd6-49c0-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	15099.58	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Jennifer Susky			07
Mailing Address 1117 Shadow Lane			Amount
City	State	Zip Code	1.50
Benton	AR	72015	Transaction ID : 7c48f2fa-4c1c-4073-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 / D 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		15099.58	Disbursement For:  Primary  General 2014  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		16.50
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	LIVI EXI EIVE	ATTOTILES	PAGE 28 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Ralph Smith			07 07 2014
Mailing Address 2090 Fancy Gap Rd			Amount
City	State	Zip Code	100.00
Mt. Airy	NC	27030	Transaction ID: 62743dc1-242e-46ef-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	148920.16	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Ralph Smith			07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2090 Fancy Gap Rd			Amount
City	State	Zip Code	12.51
Mt. Airy	NC	27030	Transaction ID: 7166e6f4-fc24-417e-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		148920.16	Disbursement For:  Primary  General  2014  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		112.51
(b) SUBTOTAL of Unitemized Independent Exp	enditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>•</b>
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

Schedule E)			PAGE 29 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report	48-hour report X New	report Amends repo	rt filed on
Full Name of Payee Danielle Landry			Date of Public Distribution/Dissemination
Mailing Address 1089 Oleste Ta	uzin Road		07 07 2014  Amount
City	State	Zip Code	10.00
Breaux Bridge	LA	70517	Transaction ID : 36424743-cfba-4b06-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sou	ght	50318.86	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee Danielle Landry  Mailing Address 1089 Oleste	Tauzin Road		Date of Public Distribution/Dissemination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1009 Oleste	TauziiTNoau		Amount
City Breaux Bridge	State LA	Zip Code 70517	5.70  Transaction ID: d77b59f2-85a6-4f74-b  Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 07 7 2014 Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sou	ght	50318.86	Disbursement For:  Primary
(a) SUBTOTAL of Itemized Inde	pendent Expenditures		15.70
(b) SUBTOTAL of Unitemized In	dependent Expenditures		<b>•</b>
(c) TOTAL Independent Expendi	tures		·
	tion of, any candidate or autho		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Elec	ctronically Filed] Date	07 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

Schedule E)	PAGE 30 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	- M / D = D / Y = Y = Y
Theresa A Touchet	of Public Distribution/Dissemination
Mailing Address 102 French Street #3 Amount	07 07 2014 nt
City State 7in Code	7.50
	7.50 saction ID : cfcd9b41-3266-4d6c-a of Disbursement or Obligation
Purpose of Expenditure	07
Name of Federal Candidate Support Office Sough	nt: House District: 00
Ms. Mary L Landrieu Oppose Preside	
Calendar Year-To-Date Per Election for Office Sought  Disbursemen 2014  O	nt For:
Theresa A Touchet	of Public Distribution/Dissemination
Mailing Address 102 French Street #3 Amou	07 07 2014 unt
City State Zip Code	0.30
New Orleans NC 70124 Transa	action ID: 72a65a61-188c-4496-9 of Disbursement or Obligation
Purpose of Expenditure	07 07 / 2014
Name of Federal Candidate Support Office Sough	nt: House District:00
Ms. Mary L Landrieu Oppose Preside	
Calendar Year-To-Date Per Election for Office Sought  Disbursemen 2014  O	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures	7.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in c with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date  O7	09 / 2014

Schedule E)		1101120		PAGE 31 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour repor	rt New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Phillip Williams			M = M	c Distribution/Dissemination
Mailing Address 3007 Darden Rd			Amount	07 2014
City	State	Zip Code		75.00
Greensboro	NC	27407		ID: e30c6e4f-0aa2-4a34-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 O7	07 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		148920.16	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Phillip Williams			Date of Publi	c Distribution/Dissemination
Mailing Address 3007 Darden Rd			Amount	
City	State	Zip Code		16.20
Greensboro	NC	27407	Transaction II  Date of Disbu	D: 4c5b39e8-4143-4c38-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 07	07 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	148920.16	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Independent Expe	nditures		. •	91.20
(b) SUBTOTAL of Unitemized Independent Ex	penditures		. >	1 1 7 1 1 7 1
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any coparty committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	07 / 09	2014
Signature				

Schedule E)				PAGE 32 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	X New repo	ort Amends repo	rt filed on	M / D D / Y T Y T Y
Full Name of Payee Beverly Williams				Public Distribution/Dissemination
Mailing Address 3007 Darden Rd				07 2014
	<u> </u>	=: 0 t-		75.00
City S Greensboro	State NC	Zip Code 27407		75.00  ction ID: ee417cb8-4ebb-4663-b  Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	07 / 07 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	Presider	NO.
Calendar Year-To-Date Per Election for Office Sought	1	48920.16	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
Full Name of Payee Lesley Lennox			M	f Public Distribution/Dissemination
Mailing Address 2305 Cleary Ave			Amoun	
City	State	Zip Code		17.50
Metairie	LA	70001	Transac Date of	tion ID: 9346a577-7296-4a55-8 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presider	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		50318.86	Disbursement 2014 Oth	For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures.				92.50
(b) SUBTOTAL of Unitemized Independent Expenditure	es			7 7 7 7
(c) TOTAL Independent Expenditures			· .	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	07 /	09 / 2014
Signature				

Sc	chedule E)	<b>L</b> /(1 <b>L</b> /(2)	1101120		PAGE 33 OF 55 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
VV	omen Speak Out PAC				C C00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort Amends rep	ort filed on	M = M / D = D / Y = Y = Y
T	Full Name of Payee Lesley Lennox				of Public Distribution/Dissemination
-	Mailing Address 2305 Cleary Ave			Amo	07 07 2014 unt
ŀ	City	State	Zip Code		0.60
	Metairie	LA	70001		saction ID : 7cfb7709-7784-48df-a of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		07 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I	Name of Federal Candidate		Support	Office Soug	ht: House District:00
	Ms. Mary L Landrieu		Oppose	Presid	dent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		50318.86	Disburseme 2014	ent For:
	Full Name of Payee Ms. Tonya Boyd  Mailing Address 2357 Fancy Cap Rd			Date	e of Public Distribution/Dissemination  07
-	City	State	Zip Code		100.00
	Mt. Airy	NC	27030	Trans Date	saction ID: 48400bbd-618c-43ae-8 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		07 07 2014
ľ	Name of Federal Candidate		Support	Office Soug	ght: House District: 00
	Ms. Kay Hagan		Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought		148920.16	Disburseme 2014	ent For:  Primary
(	(a) SUBTOTAL of Itemized Independent Expenditures	\$		<b>.</b>	100.60
(	(b) SUBTOTAL of Unitemized Independent Expenditure	res		··· •	
(	(c) TOTAL Independent Expenditures			··· <b></b>	
٧	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its against the committee or	e or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Dat	te 07	09 / 2014
	Signature				

Schedule E)	XI ENDITORIES	PAGE 34 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report fi	iled on DDD / YDDY
Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination
Mailing Address 2357 Fancy Cap Rd		07 07 2014 Amount
City Sta	te Zip Code	12.81
Mt. Airy	•	Transaction ID : c1d0b03f-9dce-4bdc-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	07 07 / 2014
Name of Federal Candidate	Support Of	ffice Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		isbursement For:
Full Name of Payee		Date of Public Distribution/Dissemination
Jeanne Tribou		07 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 22369 Ponderosa Dr.		Amount
City Sta	te Zip Code	45.00
Mandeville L/	·	Transaction ID: 83c836de-ca1b-4f0f-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 07 / 2014
Name of Federal Candidate	Support O	ffice Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		isbursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures		57.81
(b) SUBTOTAL of Unitemized Independent Expenditures.		
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of ei	
Ms. Emily Buchanan	[Electronically Filed] Date	07 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Scl	hedule E)	EXI ENDI	TOTILO		PAGE 35 OF 55 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
Т	Full Name of Payee Jeanne Tribou				of Public Distribution/Dissemination
-	Mailing Address 22369 Ponderosa Dr.			Amour	07 07 2014
	City  Mandeville	State LA	Zip Code 70471		4.20 action ID : f16339d4-2e03-4828-a
t	Purpose of Expenditure Mileage		Category/ Type 002		of Disbursement or Obligation  07
1	Name of Federal Candidate		Support	Office Sought	t: House District:00
	Ms. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought		50318.86	Disbursement 2014 Of	t For: Primary X General ther (specify) ▶
	Full Name of Payee Christopher Marquess				of Public Distribution/Dissemination
	Mailing Address 110 W Pecan St			Amou	nt
ľ	City	State	Zip Code		40.00
	Ville Platte	LA	70586	Transa Date	oction ID : 6362b504-fe46-44a1-9 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		07 / 07 / 2014
Ī	Name of Federal Candidate		Support	Office Sough	nt: House District:00
	Ms. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	<u>, , , , , , , , , , , , , , , , , , , </u>	50318.86	Disbursemen 2014 O	nt For: Primary X General  Other (specify) ▶
(6	(a) SUBTOTAL of Itemized Independent Expenditures	3		• [	44.20
(1	(b) SUBTOTAL of Unitemized Independent Expenditure	ires			- 47-11-47-11-47-1
(0	(c) TOTAL Independent Expenditures			· [	
W	Under penalty of perjury I certify that the independen vith, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 07	09 / 2014
	Signature				

Schedule E)	ENDENT EXICE			PAGE 36 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour	report New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Christopher Marquess			Date of Publ	lic Distribution/Dissemination
Mailing Address 110 W Pecan St			07 Amount	07 2014
			Amount	
City Ville Platte	State LA	Zip Code 70586	Transaction	25.80 ID: 258425ed-6108-424f-8
		70586		oursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07	07 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		50318.86	Disbursement For: 2014 Other (s	Primary
Full Name of Payee				lic Distribution/Dissemination
Evelyn Lesaicherre			M M M 07	/ D D / Y Y Y Y Y Y Y Y 2014
Mailing Address 629 Radiance Ave			Amount	07 2014
City  Metairie	State LA	Zip Code 70001	Transaction Date of Disk	70.00 ID: 02715098-6ff0-49cc-8 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 07	07 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		50318.86	Disbursement For: 2014 Other (s	Primary
				,
(a) SUBTOTAL of Itemized Independent	Expenditures		<b>&gt;</b>	95.80
(b) SUBTOTAL of Unitemized Independent	ent Expenditures		. •	7
(c) TOTAL Independent Expenditures			<b>)</b>	4
Under penalty of perjury I certify that the with, or at the request or suggestion of, party committee) any political party committee.	any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	07 / 09	2014
Signature				

,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New re	eport Amends report filed	on M M / D D / Y Y Y Y Y Y
Full Name of Payee		Date of Public Distribution/Dissemination
Evelyn Lesaicherre		07 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 629 Radiance Ave		Amount
City State	Zip Code	3.00
Metairie LA	70001	Transaction ID: d554f408-2e91-4f50-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	07
Name of Federal Candidate	Support Office	e Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	50318.86 Disbu	ursement For: Primary
Full Name of Payee Melanie Slagle  Mailing Address 77 Southridge Drive		Date of Public Distribution/Dissemination  M M / D D / Y Y Y Y Y  O7 07 2014  Amount
City State	Zip Code	11.00
Spruce Pine NC	28777	Transaction ID : dc4ede86-01a5-4bd5-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 07 2014
Name of Federal Candidate	Support Office	e Sought: House District: 00
Ms. Kay Hagan	X Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought	148920.16 Disbu	ursement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	14.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
	onically Filed] Date	07 09 7 2014
Signature		

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OF

Schedule E)			1101120		PAGE 38 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTE					FEC IDENTIFICATION NUMBER ▼
Women Speak	Out PAC				C C00530766
Check if 24-hour	report X 48-hour report	New rep	port Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Paye Melanie Slag				M	f Public Distribution/Dissemination
Mailing Address 7	7 Southridge Drive			Amoun	07 07 2014 t
City		State	Zip Code		3.00
Spruce Pine		NC	28777		action ID: 3b62fb15-1d67-4d63-a  f Disbursement or Obligation
Purpose of Expend Mileage	diture		Category/ Type 002	М	07
Name of Federal (	Candidate		Support	Office Sought	: House District: 00
Ms. Kay Hagan			Oppose	Preside	nt Senate State: NC
Calendar Year Per Election f	r-To-Date for Office Sought		148920.16	Disbursement 2014 Ott	For: Primary ⊠ General her (specify) ►
Full Name of Payer Kenny Wallis				M	f Public Distribution/Dissemination
Mailing Address	6412 Osage Dr			Amour	nt
City		State	Zip Code		20.00
North Little rock		AR	72116	Transac Date o	ction ID: cb22123a-2063-4626-a f Disbursement or Obligation
Purpose of Expending Salary	diture		Category/ Type 001		07 Y Y Y Y Y Y Y
Name of Federal (	Candidate		Support	Office Sought	: House District:00
Mr. Mark L Pryor			Oppose	Preside	
Calendar Yea Per Election f	r-To-Date for Office Sought		15099.58	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of	Itemized Independent Expend	litures			23.00
(b) SUBTOTAL of	Unitemized Independent Expe	enditures		·· •	7 1 4 1 4 1
(c) TOTAL Indepen	dent Expenditures				
with, or at the reque		didate or authorized			opperation, consultation, or concert ne reporting entity is not a political
	nily Buchanan	[Electroi	nically Filed] Date	e 07 /	09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature					

Sch	nedule E)	<b>L</b> /(1 <b>L</b> /(2)	1101120		PAGE 39 OF 55 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Ched	ck if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M
T	Full Name of Payee Kenny Wallis				of Public Distribution/Dissemination
-	Mailing Address 6412 Osage Dr			Amou	07 07 2014 ant
	City	State	Zip Code	— [ _	1.50
	North Little rock	AR	72116		saction ID : 1b4e17eb-f0d9-44fa-b of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	M	07 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ī	Name of Federal Candidate		Support	Office Sough	nt: House District:00
	Mr. Mark L Pryor		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought		15099.58	Disbursement 2014 Or	nt For: Primary X General  Other (specify) ▶
	Full Name of Payee  Matthew Manuel				of Public Distribution/Dissemination
	Mailing Address 1392 Lee Street			Amou	ınt
	City	State	Zip Code		45.00
	Ville Platte	LA	70586	Transa Date	action ID: 98bda046-08a8-441f-b of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		07 7 2014
	Name of Federal Candidate		Support	Office Sough	nt: House District: 00
	Ms. Mary L Landrieu		Oppose	Preside	ent X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		50318.86	Disbursemen 2014 O	nt For:  Primary
(a	a) SUBTOTAL of Itemized Independent Expenditures	3		· •	46.50
(k	b) SUBTOTAL of Unitemized Independent Expenditure	ires		•	
(0	c) TOTAL Independent Expenditures			· ·	7 1 7 1 7 1
W	Inder penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate arty committee) any political party committee or its at	e or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 07	09 2014
	Signature				

<b>,</b>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report Ne	ew report Amends report filed on Amends report
Full Name of Payee	Date of Public Distribution/Dissemination
Matthew Manuel	07
Mailing Address 1392 Lee Street	Amount
City State	Zip Code 17.10
Ville Platte LA	70586 Transaction ID : 4d0dd368-1576-4bb9-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 07 07 07 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Charity Zerbel  Mailing Address 804 Mary Ave	Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y  Amount
City State	Zip Code 35.00
Neosho MO	64850 Transaction ID : bf3db641-921c-4f2a-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 07 07 7 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	52.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	<b>&gt;</b>
	ditures reported herein were not made in cooperation, consultation, or concert norized committee or agent of either, or (if the reporting entity is not a political
	lectronically Filed] Date 07 09 2014
Signature	

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OF

Schedule E)	EXI EIID			PAGE 41 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	art filed on	M / D D / Y = Y = Y
		Amenda repo	Tt filled off	
Full Name of Payee Charity Zerbel			M	f Public Distribution/Dissemination 07 / 07 / 2014
Mailing Address 804 Mary Ave			Amoun	t .
City	State	Zip Code		19.20
Neosho	МО	64850		ction ID : cea2a50a-ee86-4cc3-b f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		07 07 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Mr. Mark L Pryor		Oppose	Preside	nt Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		15099.58	Disbursement 2014 Ot	For: Primary X General
Full Name of Payee			Date o	f Public Distribution/Dissemination
Sherri Zerbel				07
Mailing Address 804 Mary Ave			Amour	nt
City	State	Zip Code		35.00
Neasho	MO	64850	Transac Date o	ction ID: 984a8c75-84a8-46a7-8 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	07
Name of Federal Candidate		Support	Office Sought	: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	nt Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	15099.58	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	e			54.20
(a) SOBIOTAL OF REMIZED INDEPENDENT EXPENDITURE.	5			34.20
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		•	
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M M / / 07	09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_		

Schedule	E)	II EM ENE	1101120		PAGE 42 OF 55 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women	Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New rep	oort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Nar	ne of Payee			Date	of Public Distribution/Dissemination
Sher	ri Zerbel				07 07 2014
Mailing	Address 804 Mary Ave			Amou	nt
City		State	Zip Code		19.20
Neasho		МО	64850		action ID : e9aa8792-95b0-40f6-9 of Disbursement or Obligation
Purpose Mileage	of Expenditure		Category/ Type 002	М	07 07 2014
Name o	f Federal Candidate		Support	Office Sough	t: House District:00
Mr. Mar	k L Pryor		Oppose	Preside	
	endar Year-To-Date Election for Office Sought		15099.58	Disbursemen 2014 O	t For: Primary X General
	ne of Payee ael Vidrine				of Public Distribution/Dissemination
Mailing	Address 1103 West Wilson Street			Amou	07 07 2014 nt
City		State	Zip Code	-	50.00
Ville Pl	atte	LA	70586	Transa Date	ction ID : b6c39353-4eec-47a9-b of Disbursement or Obligation
Purpose Salary	e of Expenditure		Category/ Type 001	TN	07 07 2014
Name o	f Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Ma	ry L Landrieu		X Oppose	Preside	
	lendar Year-To-Date r Election for Office Sought	7 7	50318.86	Disbursemen 2014 O	t For:
(a) SUB	<b>FOTAL</b> of Itemized Independent Expenditur	'es			69.20
(b) SUB	FOTAL of Unitemized Independent Expendent	itures			
(c) TOTA	L Independent Expenditures			· [	7 1 7 1 7
with, or a	nalty of perjury I certify that the independ t the request or suggestion of, any candid nmittee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 07	09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signa	ture		_		

······································	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Michael Vidrine	07 07 2014
Mailing Address 1103 West Wilson Street	Amount
City State Zip Code	19.80
Ville Platte LA 70586	Transaction ID : 6dab943f-493b-4e02-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	07
Name of Federal Candidate Support Office	Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	orsement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Jeffrey Hampton	07 07 2014
Mailing Address 1700 E Part Ave	Amount
City State Zip Code	20.00
Searcy AR 72149	Transaction ID : 41cf8e9d-0ed7-45fc-b Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	07 07 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	39.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 0	7 09 2014
Signature	

PAGE

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OF

Sch	nedule E)	1101120		PAGE 44 OF 55 FOR SE OF FORM 24/48
	IE OF COMMITTEE (In Full)		FEC ID	ENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC			C00530766
Chec	ck if 24-hour report 48-hour report New rep	port Amends repor	rt filed on	D = D / Y = Y = Y
TF	Full Name of Payee		Date of Public	: Distribution/Dissemination
	Jeffrey Hampton		Date of Public	07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	Mailing Address 1700 E Part Ave		Amount	
	City State	Zip Code		0.45
	Searcy AR	72149		D: f251d87f-67f8-499b-a rsement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	07 /	07 / 2014
1	Name of Federal Candidate	Support	Office Sought:	House District:00
	Mr. Mark L Pryor	X Oppose		Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	15099.58	Disbursement For: 2014 Other (spe	Primary
	Full Name of Payee		Date of Public	Distribution/Dissemination
	Francis Richardson		07 /	07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1	Mailing Address 220 Doucet Rd			,
			Amount	
(	City State	Zip Code		25.00
	Lafayette LA	70503	Transaction ID  Date of Disbu	: c22983e0-3e9c-4907-9 rsement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	07 /	07 / 2014
1	Name of Federal Candidate	Support	Office Sought:	House District:00
	Ms. Mary L Landrieu	Oppose	President >	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	50318.86	Disbursement For: 2014 Other (sp	Primary
(a	a) SUBTOTAL of Itemized Independent Expenditures		<b>&gt;</b>	25.45
(b	o) SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>	
(с	c) TOTAL Independent Expenditures		<b>•</b>	
wi	nder penalty of perjury I certify that the independent expenditures ith, or at the request or suggestion of, any candidate or authorized arty committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electron	nically Filed] Date	07 / 09	/ Y Y Y Y Y Y 2014
	Signature	_		

Schedule E	)		1101120		PAGE 45 OF 55 FOR SE OF FORM 24/48
	MMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women S	peak Out PAC				C C00530766
Check if 2	4-hour report X 48-hour report	X New rep	port Amends repo	ort filed on	M / D D / Y B Y B Y B Y
Full Name Francis	of Payee S Richardson				of Public Distribution/Dissemination
Mailing Add	dress 220 Doucet Rd				07 2014
	220 Doucet Rd			Amou	nt
City		State	Zip Code	— F.	2.16
Lafayette		LA	70503		action ID: 49a8d888-c0e7-411a-a of Disbursement or Obligation
Purpose of Mileage	Expenditure		Category/ Type 002		07 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of F	ederal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary I	. Landrieu		X Oppose	Preside	ent X Senate State: LA
	dar Year-To-Date ection for Office Sought		50318.86	Disbursemen 2014	t For: Primary
Full Name				Date	of Public Distribution/Dissemination
Amy Ed	laie				07 07 2014
Mailing Ad	dress 5006 Lakeview Road			Amou	nt
City North Little	e Rock	State AR	Zip Code 72116		10.00 ction ID : fe5377e7-faed-4473-9
Purpose of	Expenditure		Catagony	Date	of Disbursement or Obligation
Salary			Category/ Type 001	IJ [ Ľ	07 07 2014
Name of F	ederal Candidate		Support	Office Sough	it: House District: 00
Mr. Mark L	. Pryor		X Oppose	Presid	ent Senate State: AR
	dar Year-To-Date lection for Office Sought		15099.58	Disbursemer 2014	nt For:
(a) SUBTO	TAL of Itemized Independent Expend	itures		· •	12.16
(b) SUBTO	TAL of Unitemized Independent Expe	nditures		· •	
(c) TOTAL	Independent Expenditures				7
with, or at the	ty of perjury I certify that the independence request or suggestion of, any cantee) any political party committee or	didate or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 07	09 / 2014
Signature	)				

Scł	nedule E)	VDI. O. I.E.	<b>⊢</b>	PAGE 46 OF 55 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)			ENTIFICATION NUMBER ▼
W	omen Speak Out PAC		C	000530766
			M = M /	D   D / Y   Y   Y   Y
Che	ck if 24-hour report X 48-hour report New	report Amends repo	rt filed on	
	Full Name of Payee Amy Eddie		Date of Public	Distribution/Dissemination
ŀ	Mailing Address 5006 Lakeview Road		07	07 2014
			Amount	
	City State	Zip Code		1.50
	North Little Rock AR	72116		): aa30a3cf-777a-497e-9 sement or Obligation
١	Purpose of Expenditure Mileage	Category/ Type 002	07 /	07 / 2014
ı	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Mr. Mark L Pryor	X Oppose	President X	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	15099.58	Disbursement For: 2014 Other (spe	Primary
Γ	Full Name of Payee		Date of Public	Distribution/Dissemination
	Benjamin Hernandez		07 /	07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Mailing Address 915 E Market Ave			0. 2011
			Amount	
ľ	City State	Zip Code		30.00
L	Searcy AR	72149	Transaction ID  Date of Disbur	: 0ce185bd-a3e7-4586-a rsement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	07 /	07 / 2014
	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Mr. Mark L Pryor	Oppose	President X	Senate State: AR
١	Calendar Year-To-Date Per Election for Office Sought	15099.58	Disbursement For: 2014 Other (spe	Primary ☐ General
(8	a) SUBTOTAL of Itemized Independent Expenditures		<b>&gt;</b>	31.50
(l	b) SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>	
(0	c) TOTAL Independent Expenditures		<b>•</b>	
W	inder penalty of perjury I certify that the independent expenditu ith, or at the request or suggestion of, any candidate or authori arty committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Elect	tronically Filed] Date	07 09	/ Y Y Y Y Y Y 2014
	Signature			

### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	JEINI EXI ENL	TI OILE	PAGE 47 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Benjamin Hernandez			07 07 7 2014
Mailing Address 915 E Market Ave			Amount
City	State	Zip Code	4.50
Searcy	AR	72149	Transaction ID: 8f6d01a1-5691-4fdb-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		15099.58	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Timothy Foley			07 07 7 2014
Mailing Address 20679 Glenbrook Terrace			Amount
City	State	Zip Code	45.00
Sterling	VA	20165	Transaction ID : fcbc88c9-5700-4610-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		148920.16	Disbursement For:  Primary  General  2014  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		49.50
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

Scł	hedule E)	11 111111111111111111111111111111111111	1101120				PAGE 48 OF 55 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC						C00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort Ame	ends repo	ort filed on	M = M /	D = D / Y = Y = Y
Т	Full Name of Payee Timothy Foley					of Public	c Distribution/Dissemination
$\mid$	Mailing Address 20679 Glenbrook Terrace				Amor	07	07 2014
	City Chap		7: O-4-				45.00
	City State Sterling VA		Zip Code 20165				45.00 ID: 315759d5-7ca2-4897-9 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		07	07 Y 2014
F	Name of Federal Candidate		s	Support	Office Soug	ht:	House District: 00
	Ms. Kay Hagan			Oppose	Presid	_	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	1	148920.16		Disburseme 2014	nt For: Other (sp	Primary ☐ General
	Full Name of Payee Xavier Miller				Date	of Publi	c Distribution/Dissemination
	Mailing Address 407 randall Dr				Amo	unt	
ľ	City State	е	Zip Code			1_0	20.00
	Searcy AR		72143				D: c7af0387-9f53-4ffc-a ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001	$\Box \mid \Box$	M 07	07 2014
Ī	Name of Federal Candidate		s	Support	Office Soug	ht:	House District: 00
	Mr. Mark L Pryor		$\times$	Oppose	Presid	dent	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		15099.58	3	Disburseme 2014	nt For: Other (sp	Primary ⊠ General Decify) ▶
(8	a) SUBTOTAL of Itemized Independent Expenditures						65.00
(i	b) SUBTOTAL of Unitemized Independent Expenditures						1 1 2 1 1 2 1
(0	c) TOTAL Independent Expenditures				•		1 7 1 7
W	Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.	authorized					
	Ms. Emily Buchanan	[Electron	nically Filed]	Date	07	09	2014
	Signature						

Schedule E)		PAGE 49 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report An	nends report filed on	- M / D - D / Y - Y - Y
Check if 24-nour report 48-nour report	nenas report illea on	
Full Name of Payee Chris McCoy		of Public Distribution/Dissemination
Mailing Address 1025 Cayley Ct	Amou	nt
City State Zip Code		80.00
High Point NC 27260		action ID : bf5495d4-d37c-4eae-9 of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type	001	07 07 Y 2014
Name of Federal Candidate	Support Office Sough	t: House District: 00
Ma Karathanan	Oppose Preside	NO.
Calendar Year-To-Date Per Election for Office Sought  148920.16	Disbursement 2014 O	t For: Primary X General ther (specify) ▶
Full Name of Payee Chris McCoy		of Public Distribution/Dissemination
Mailing Address 1025 Cayley Ct	Amou	07 07 2014
City State Zip Code High Point NC 27260		20.40  ction ID : ec765fb8-0882-41f4-b
Purpose of Expenditure Mileage  Category/ Type	002	of Disbursement or Obligation
Name of Federal Candidate	Support Office Sough	t: House District: 00
	Oppose Preside	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursemen 2014 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditures	······································	100.40
(b) SUBTOTAL of Unitemized Independent Expenditures	······································	
(c) TOTAL Independent Expenditures	······································	7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures reported he with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically Filed]	Date 07	09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Schedul	e E)	T EXI END			PAGE 50 OF 55 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Womer	n Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	M / D D / Y B Y B Y B Y
	me of Payee on Howard				of Public Distribution/Dissemination
Mailing	Address 407 Bernal St			Amoui	07 07 2014
				7 tilloui	
City		State TX	Zip Code	Trans	20.00
Edinbu		I A	78539		action ID : c08e81d8-2b7f-4d0e-9 of Disbursement or Obligation
Purpos Salary	e of Expenditure		Category/ Type 001	M	07 07 7 2014
Name	of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Ma	ark L Pryor		Oppose	Preside	ent Senate State: AR
	alendar Year-To-Date er Election for Office Sought	7	15099.58	Disbursemen 2014	t For: Primary X General
	ame of Payee	-			of Public Distribution/Dissemination
Dariu	us Beverly			M	07 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing	Address 157 Bishop Drive				07 2014
	·			Amou	nt
City		State	Zip Code		45.00
Avond	lale	LA	70094	Transa Date of	ction ID: 3a59b1b3-89af-47dc-b of Disbursement or Obligation
Purpos Salary	e of Expenditure		Category/ Type 001	M	07 07 2014
Name	of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Ma	ary L Landrieu		Oppose	Preside	ent Senate State: LA
	alendar Year-To-Date er Election for Office Sought	, , ,	50318.86	Disbursemen 2014	t For: Primary X General
(a) SUE	RTOTAL of Itemized Independent Expenditure	es		<b>•</b>	65.00
(b) SUE	STOTAL of Unitemized Independent Expendi	tures		•	7 7 7
(c) TOT	AL Independent Expenditures			•	7 7 7
with, or	enalty of perjury I certify that the independent at the request or suggestion of, any candidate mmittee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	07	09 / 2014
Signa	ature				

Sc	hedule E)	.//. E. (E.	TOTILO		PAGE 51 OF 55 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
VV	omen Speak Out PAC				C C00530766
Che	eck if 24-hour report X 48-hour report	X New repo	ort Amends	report filed	d on M = M / D = D / Y = Y = Y
T	Full Name of Payee Ms. Dinah Beverly				Date of Public Distribution/Dissemination
-	Mailing Address 157 Bishop Drive				07 07 2014 Amount
ŀ	City Sta	tate	Zip Code		45.00
		LA	70064		Transaction ID : edb8c859-99e6-4e97-9 Date of Disbursement or Obligation
Ī	Purpose of Expenditure Salary	-	Category/ Type	001	07 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	Name of Federal Candidate		Suppo	ort Offic	e Sought: House District: 00
	Ms. Mary L Landrieu		X Oppos		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		50318.86	Disb 2014	oursement For: Primary
	Full Name of Payee Ms. Dinah Beverly				Date of Public Distribution/Dissemination  07
	Mailing Address 157 Bishop Drive				Amount
ľ	City Sta	tate	Zip Code		4.50
		LA	70064		Transaction ID: 0b7834a7-d78a-487a-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002	07 / 07 / 2014
	Name of Federal Candidate		Suppo	ort Offic	ce Sought: House District: 00
	Ms. Mary L Landrieu		X Oppos	se	President State: LA
	Calendar Year-To-Date Per Election for Office Sought		50318.86	Disb 201	oursement For: Primary General  Other (specify)   Other
(	(a) SUBTOTAL of Itemized Independent Expenditures			······ <b>&gt;</b>	49.50
(	(b) SUBTOTAL of Unitemized Independent Expenditures	3		······ <b>&gt;</b>	
(	(c) TOTAL Independent Expenditures			······	
W	Under penalty of perjury I certify that the independent exith, or at the request or suggestion of, any candidate or party committee) any political party committee or its ager	or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	07 09 2014
	Signature				

Sch	edule E)	EXI END			PAGE 52 OF 55 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wc	omen Speak Out PAC				C C00530766
Chec	k if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y B Y B Y B Y
F	Full Name of Payee Eric Wilson				of Public Distribution/Dissemination
	Mailing Address 907 Randall Drive				07 07 2014
				Amou	nt
C	Dity	State	Zip Code		20.00
	Searcy	AR	72149		action ID: 29f8c1bd-f411-419a-8  f Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		07 / 07 / 2014
Ν	Name of Federal Candidate		Support	Office Sough	t: House District: 00
1	Mr. Mark L Pryor		X Oppose	Preside	ent Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	, , , ,	15099.58	Disbursemen 2014 O	t For: Primary ⊠ General ther (specify) ▶
				Date	of Public Distribution/Dissemination
				IV	07 07 2014
N	Mailing Address 3692 Bell Arthur Rd			Amou	nt
	Dity	State	Zip Code		27.50
	Greenville	NC	27834	Transa Date	ction ID: 95823a4a-9a8d-40a5-b of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001	N	07 / 07 / 2014
1	Name of Federal Candidate		Support	Office Sough	t: House District: 00
	Ms. Kay Hagan		X Oppose	Preside	ent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	, , ,	148920.16	Disbursemen 2014 O	t For:
(2)	) SUBTOTAL of Itemized Independent Expenditures	e			47.50
(a	J SOBIOTAL OF REMIZED INDEPENDENT EXPENDITURES	S		•	47.50
(b	) SUBTOTAL of Unitemized Independent Expenditu	ıres		•	7 7
(c)	) TOTAL Independent Expenditures			•	7 7 7
wit	nder penalty of perjury I certify that the independenth, or at the request or suggestion of, any candidativity committee) any political party committee or its a	e or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	07	09 / 2014
	Signature				

Sch	edule E)	1 E/ E/(-)	1101120		PAGE 53 OF 55 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC				C C00530766
Checl	k if 24-hour report X 48-hour report	New repo	ort Amends re	port filed on	M = M / D = D / Y = Y = Y
	Full Name of Payee Daniel Wall			Date	e of Public Distribution/Dissemination
N	Mailing Address 3692 Bell Arthur Rd			Amo	07 07 2014 ount
	Dity	State	Zip Code		5.10
	Greenville	NC	27834		nsaction ID : 81b1aa37-9d1f-48d6-a e of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 00		07 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	lame of Federal Candidate		Support	Office Sou	ight: House District: 00
N	Ms. Kay Hagan		X Oppose		sident Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	1	148920.16	Disburseme 2014	ent For:
F	Full Name of Payee Sarah Biviano			Date	te of Public Distribution/Dissemination
N	Mailing Address 603 Greenwood Dr			Amo	ount
С	Dity	State	Zip Code		10.00
	Searcy	AR	72143	<b>Tran</b> Date	nsaction ID : 18f72193-402c-4d9a-b te of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 00	1	07 07 / 2014
- 1	Name of Federal Candidate		Support	Office Sou	ught: House District: 00
N	Mr. Mark L Pryor		X Oppose	Pres	sident Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	, , ,	15099.58	Disburseme 2014	nent For: Primary General Other (specify)
(a)	) SUBTOTAL of Itemized Independent Expenditure	:S		<b>&gt;</b>	15.10
(b)	) SUBTOTAL of Unitemized Independent Expenditu	ures		<b>-</b>	
(c)	) TOTAL Independent Expenditures				
wit	nder penalty of perjury I certify that the independenth, or at the request or suggestion of, any candidate try committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Da	ate 07	09 2014
	Signature				

							FOR SE OF	FORM 24/48
NAME OF COMMITT						FEC I	DENTIFICATION	ON NUMBER ▼
Women Speal	COUT PAC					С	C00530766	
Check if 24-hou	report X 48-hour rep	port New repo	ort Am	ends repo		т М	/ D D /	Y I Y I Y I Y
Full Name of Pay					Date	of Publ	ic Distribution/	Dissemination
Nathan Sm					N.	07	/ D D /	2014
Mailing Address	1247 W Mt Comfort Rd				Amou	nt		
City		State	Zip Code					33.50
Fayatteville		AR	72703				ID : eff19024- oursement or C	a907-459a-9
Purpose of Expension	nditure		Category/ Type	001		07	/ D D D /	2014
Name of Federal	Candidate		<u> </u>	Support	Office Sough	ıt:	House	District:00
Mr. Mark L Pryor				Oppose	Preside	_	X Senate	State: AR
Calendar Ye Per Election	ar-To-Date for Office Sought		15099.58		Disbursement 2014		Primary	General
Full Name of Pay	/00							/Dissemination
Nathan Smit						01 Publ	/ DED /	2014
Mailing Address	1247 W Mt Comfort Rd				Amou	-	00	2014
City		State	Zip Code		— L.			10.32
Fayatteville		AR	72703				ID: 7baf74f6-3 oursement or (	3738-4190-9
Purpose of Expe Mileage	nditure		Category/ Type	002		07 <sup>M</sup>	07	2014
Name of Federal	Candidate			Support	Office Sough	nt:	House	District: 00
Mr. Mark L Pryor			X	Oppose	Presid	ent [	X Senate	
Calendar Ye Per Election	ar-To-Date for Office Sought		15099.58	8	Disbursemer 2014 C		Primary	General
(a) SUBTOTAL of	Itemized Independent Ex	penditures			•		7	43.82
(b) SUBTOTAL of	Unitemized Independent	Expenditures			•		1 1 4	
(c) TOTAL Indepe	ndent Expenditures				•		-7-	
with, or at the req	perjury I certify that the in uest or suggestion of, any ny political party committe	candidate or authorized						
Ms. E	mily Buchanan	[Electroni	ically Filed]	Date	M M /	09	201	4
Signature			_	24.0			نسا د	

PAGE

OF

### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 55 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed o	on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
John Voholetz	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 718 N MacMillan Avenue	Amount
City State Zip Code	60.00
Wilmington NC 28803	Transaction ID : 573c19a2-beb6-48f9-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	07 07 7 2014
Name of Federal Candidate Support Office 9	Sought: House District: 00
Ms Kay Hagan	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disburs 2014	sement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure  Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate Support Office	Sought: House District:
Oppose p	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	sement For: Primary General
	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	60.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	3036.09
Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date 07	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
o.g. iadio	